

Report of Examination Routing Slip

File No.

Y:/Jill/ROE/G224201

Letter No./Fee

4/Jill/letters/spud.

	<u>Initial</u>	<u>Date</u>
Author	<u>DW</u>	<u>9/4/02</u>
Hydrogeologist	<u></u>	<u></u>
Reviewers	<u>dkh</u>	<u>9/5/02</u>
	<u>MD</u>	<u>9/11/02</u>
Proofed	<u>G</u>	<u>9/23/02</u>
Signed by Author	<u></u>	<u></u>
Section Supervisors Approval and Sig.	<u></u>	<u></u>
Tracking	<u></u>	<u></u>

Mail Copies of Report To: (Permit Writer list - include addresses)

Enclosure: (list)

Mailed Originals and cc's

TH 10/28/02

6/08/00

** WATER RIGHTS APPLICATION TRACKING SYSTEM **

Page 17

Southwest Regional Office

MAJOR DOCUMENT TABULAR REPORT

CONTROL NUMBER	TYPE/ STAT	BUSINESS/PERSON NAME	PRIORITY DATE	WRIA CODE	COUNTY NAME	Qi	ACRE FT/YR	PURPOSES	TRS	SOURCE	QUAD
G2-23124	CE	Clearwood Community	9/06/74	11	THURSTON	425.00	529.2 DM		T16N/R03 E-31	WELL	
G2-23184CWRIS	CE	WIGHT WARLAND	8/29/74	11	PIERCE	250.00	51.0 IR-DM		T17N/R03 E-05	WELL	SW/4NE/4
G2-23184CWRIS	CE	POWELL FRED	9/24/74	11	THURSTON	45.00	14.0 IR-FS-DS		T17N/R01 E-14	WELL	NW/4SW/4
G2-23225CWRIS	CE	BLACK CECIL	9/16/74	11	PIERCE	5.00	.5 DS		T17N/R04 E-14	WELL	
G2-23590CWRIS	CE	RASMUSSEN DONALD	6/30/74	11	PIERCE	200.00	80.0 IR		T17N/R04 E-18	INFILTRATION TREN	SE/4SE/4
G2-23621CWRIS	CE	NORTH YELM WATER CO	1/20/75	11	THURSTON	30.00	5.0 DM		T17N/R02 E-19	WELL	
G2-23709CWRIS	CE	PEOPLES JACK	2/03/75	11	PIERCE	10.00	1.0 DS		T15N/R05 E-26	WELL	SW/4NE/4
G2-23713CWRIS	CE	CLARY WATER ASSC	2/06/75	11	THURSTON	50.00	6.0 DM		T17N/R01 E-13	WELL	NW/4NW/4
G2-23732CWRIS	CE	VERMILLION JERRY	2/26/75	11	THURSTON	20.00	6.0 IR-DM		T18N/R01 W-24	WELL	NW/4NW/4
G2-23793CWRIS	CE	SUMMER SHORES WTR CO	4/16/75	11	THURSTON	65.00	20.0 DM		T17N/R01 E-06	WELL	
G2-23855CWRIS	CE	YEARY DAVID MORGAN	4/28/75	11	PIERCE	20.00	1.0 DS		T17N/R02 E-02	WELL	SW/4NW/4
G2-23950CWRIS	CE	BELL J L ET UX	9/11/75	11	PIERCE	20.00	2.0 ST-DS		T17N/R04 E-29	WELL	N/2NW/4SW/4
G2-23959CWRIS	CE	BARNES C A	9/25/75	11	PIERCE	40.00	7.0 IR-DS		T18N/R02 E-35	WELL	SW/4SW/4
G2-23966CWRIS	CE	PERSON & PERSON INC	9/29/75	11	THURSTON	20.00	4.0 DM		T17N/R02 E-29	WELL	NE/4SE/4
G2-24089CWRIS	CE	SILVASEED CO	3/09/76	11	PIERCE	300.00	16.4 IR-FR-FP-DS		T18N/R02 E-33	WELL	NE/4SE/4
G2-24097CWRIS	CE	SEATTLE JEW CAMP ASS	3/08/76	11	PIERCE	95.00	4.2 DM		T17N/R04 E-14	WELL	NE/4SE/4
G2-24144CWRIS	CE	STAHL VERA SUE	4/28/76	11	PIERCE	20.00	3.0 IR-DS		T17N/R04 E-05	WELL	
G2-24167CWRIS	CE	MITTGE RAY F	5/19/76	11	THURSTON	20.00	1.5 ST-DS		T16N/R01 E-13	WELL	NW/4NE/4

166
158

Affidavit of Publication

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAMANIA)

NOTICES

State of Washington
DEPT. OF ECOLOGY

Notice of Application to add point of
withdrawal

To existing water rights

Take Notice: That PUD #1 of Skamania County has filed an application to add a point of withdrawal to existing water rights issued for 270 gpm from an infiltration gallery granted under Ground Water Certificate No. G2-24201. The source is located within Section 30 T. 3 N., R. 10 E.W.M. and Certificate was issued for the purpose of municipal supply.

The purpose of the application for change is to add an additional point of withdrawal as an alternative source of supply. Drought conditions over the past year have reduced spring flows. The new well will provide water to the existing customers. The new point of withdrawal will be located within the NE 1/4 NW 1/4 Sec. 30 T. 3 N., R. 10 E. The gpm and acre-feet will remain the same.

Protest or objections to approval of this application must include a detailed statement of the basis of objections; protests must be accompanied by a \$2.00 fee & filed with the Dept. of Ecology, at P.O. Box 47775 Olympia, WA 98504-7775 within (30) days from: 1/2/02

Publ: Dec. 26, 2001 & Jan. 2, 2002
(8282)

Joanna Grammon, being first duly sworn on oath, deposes and says: That she is the Publisher, Editor or Manager of the SKAMANIA COUNTY PIONEER, a weekly newspaper, which has been established, published in the English language, and circulated continuously as a weekly newspaper in the City of Stevenson, and in said County and State, and of general circulation in said county for more than six (6) months prior to the date of the first publication of the Notice hereto attached, and that the said Skamania County Pioneer was on the 7th day of July, 1941, approved as a legal newspaper by the Superior Court of said Skamania County, and that the annexed is a true copy of Dept. of

Ecology - Notice of Application to add point of withdrawal to existing water rights as it appeared in the regular and entire issue of said paper itself and not in a supplement thereof for a period of two

consecutive weeks commencing on the.....

26th day of Dec, 2001, and ending

on the 2nd day of Jan, 2002,

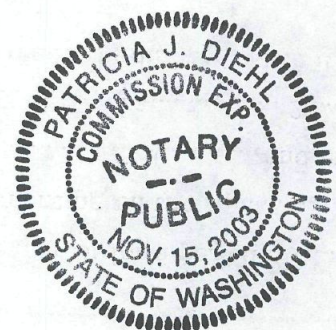
and that said newspaper was regularly distributed to its subscribers during all of this period.

That the full amount of \$ 68.26 has not been paid.

Joanna Grammon

Subscribed and sworn to before me this 3rd day of Jan, 2002

Patricia J. Diehl
Notary Public in and for the State of Washington
Residing at Stevenson



aff OK 1/11/01



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
P.O. Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

December 10, 2001

PUD #1 of Skamania County
PO Box 500
Carson WA 98610

Dear Sir or Madame:

Re: Application for Change No. G2-24201

Enclosed is a notice of application for change to add a point of withdrawal of existing rights granted under Water Right No. G2-24201.

This notice should be published once a week for two consecutive weeks (two publications) in a newspaper of general circulation published in **Skamania** County as provided in Chapter 275, Laws of 1953. Such a paper must have circulation in the locality where the water is to be withdrawn and used and should also be a paper qualified to publish legal notices.

Please draw to the publisher's attention that the actual date of the (proposed) second publication must appear at the end of the notice where indicated.

To assure accuracy, it is the responsibility of the applicant to check the notice over carefully before having it published. After publication, please send the affidavit of publication to this office.

Sincerely,

Sheri Carroll
Water Resources

SC:th (chglet)
Enclosure

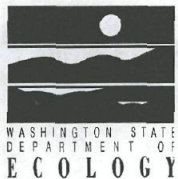


State of Washington
DEPT. OF ECOLOGY
Notice of Application to add point of withdrawal
To existing water rights

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**WASHINGTON STATE DEPARTMENT OF ECOLOGY
MEMORANDUM**

November 9, 2001

TO: Pat Locke

FROM: Christine Neumiller, Hydrogeologist, Water Resources

SUBJECT: G2-24201C, Underwood Water System, Skamania County PUD #1

I reviewed the report, *Aquifer Test Report for Test Well #1, Underwood Water System*, submitted on September 15, 2001 by Mark Yinger Associates for Skamania County PUD #1. The report describes the drilling and testing of a well under a Department of Ecology Preliminary Permit dated August 17, 2001. Based on this report, all requirements of the Preliminary Permit have been satisfied.

The well was drilled under an application for change/transfer of an existing surface water right at Gallagan and Shaddox Springs. According to Skamania County PUD #1, drought conditions over the past year have reduced spring flows by up to 75 percent. Over 300 customers could be affected. This information combined with concern expressed by the Washington Department of Health allows Ecology to prioritize this application as a matter of public health and safety.

The site is located roughly 15 miles upstream from the Bonneville Dam. Gallagan and Shaddox Springs discharge to the bluffs above the Columbia River. Their elevations are roughly 376 and 221 feet, respectively. They are fed by perched aquifers within the 310 foot thick Pleistocene Underwood Volcanic sequence, composed of alternating layers of silty clays and coarse sand, cinders, and andesite flows. Below the Underwood Volcanic sequence lie the Tertiary Wanapum Basalts. The upper 25 feet of this unit has been weathered to clay that serves as an aquitard. The test well was drilled near Gallagan Spring into the Wanapum Basalts, which are highly fractured and water bearing. The basalt aquifer is confined by the overlying clay. Based on the aquifer test, the transmissivity of this unit was measured at 2.14×10^{-3} feet²/hour, which is quite high. The specific capacity of the well was also high at 47.7 gallons/foot. The results of the aquifer test must be used somewhat cautiously as only 5 feet of total drawdown was achieved due to pump limitations. Regardless, the discharge rate of 268 gpm during the aquifer test is very close to the requested QI of 270 gpm, so meeting QI would not pose a problem.

With respect to effects on the Columbia River, the clay unit at the top of the Wanapum Basalts appears to be coincident with the riverbed. The fractured portion of the Wanapum Basalts is therefore below the riverbed, so the basalt aquifer does not appear to discharge directly to the river. However, there is probably a hydraulic connection between the river and the basalt aquifer because the potentiometric surface of the basalt aquifer is roughly 100 feet above the riverbed. A withdrawal from the basalt aquifer could have an effect on flows in the Columbia River. Conversely, that effect would be mitigated by reducing or ceasing use of the springs.

(The total QA and QI will not increase). In fact, withdrawing water from the basalt aquifer could have less effect on the Columbia River than capturing the spring water. With respect to other surface waters, there is probably no effect on either the White Salmon River (~4 miles to the east) or the Little White Salmon River (~3 miles to the west).

Because there is most likely some downward vertical component of flow from the Underwood Volcanics into the Wanapum Basalt, these two units can be considered part of the same body of public ground water per RCW 90.44.100(2)(a).



Public Utility District No. 1

of Skamania County

Post Office Box 500 • Carson, WA 98610
Phone (509) 427-5126 • Fax (509) 427-8416
Toll Free (800) 922-5329

RECEIVED
DEPT. OF ECOLOGY/SWRO
01 NOV -2 A10:39

October 30, 2001

Pat Locke, Water Resources
Department of Ecology – Southwest Region
P.O. Box 47777
Olympia, WA 98504

Re: Preliminary Permit to Drill and Test a Well Under Ground Water Change Application
G2-24201C

Dear Pat;

Here are many documents in support of our drilling and testing of the above referenced well in NE1/4 NW1/4, Section 30, T. 03N., R. 10E., W.M., in Skamania County, Washington, as required by the Preliminary Permit notice dated August 17, 2001.

Enclosed is:

1. A well construction report (Well Log) for the pumping well, the screened interval depth, as well as the pump intake depth (Contained in the bound booklet assembled by Mark Yinger Associates).
2. A table and a sketch showing the distance from the pumping well to all observation springs (also contained in the Yinger booklet).
3. A map, table, and sketch showing land surface elevations for all measuring points and a description of the method used for determining (contained in the Yinger booklet).
4. A legible table including the pumping rate and all water measurement data collected during pumping and recovery (contained in the Yinger booklet).
5. A copy of all laboratory test results, separate.
6. A copy of the Water Well Report for Notice of Intent No. W 125092, and Unique Ecology Well I.D. Tag No. AFE 594, previously submitted by the well driller, Hansen Drilling Co, Inc., (contained in the Yinger booklet).

I assume the enclosed is all that you need at this time. If I assume wrong, and you need more information, or have questions, please call me or our Water Plant Supervisor, Tom Vance, at 1-800-922-5329.

Thank you,

Robert Wittenberg Jr., PE
Manager for the District



Report Date: September 24, 2001
Job Number: A10831M
PWSID: None Provided
PO Number: None Provided
Project No: None Provided
Project Name: Underwood Well

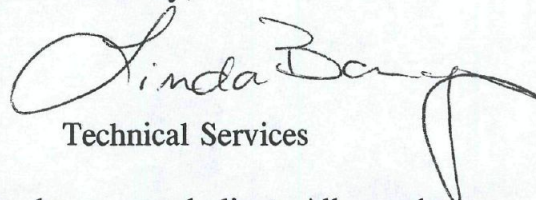
Tom Vance
Skamania County PUD #1
P.O. Box 500
Carson, WA 98610

Sample Information

Laboratory Sample ID	Field Identification	Matrix	Collection Date	Collection Time
A10831M-1	Underwood Well 08810903	Drinking Water	08/31/01	0900

Analytical results are on the following page(s).

Sincerely,


Technical Services

The data submitted in this report is for the sole and exclusive use of the above-named client. All samples associated with the work order will be retained a maximum of 15 days from the report date or until the maximum holding time expires. All results pertain only to samples submitted.

Thank you for allowing Coffey Laboratories to be of service to you. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

TS/atc



INORGANIC CHEMICAL (IOC) ANALYSIS REPORT

SYSTEM ID#:		SYSTEM NAME: Skamania County PUD #1	
Lab/Sample No: 08810903	Date Collected: 08/31/01	DOH Source No:	
Multiple Source Nos:	Sample Type: Well/Ground Water	Sample Purpose:	
Date Received: 08/31/01	Date Reported: 09/24/01	Supervisor: CFS	
	Date Analyzed: 08/31/01-09/18/01	Analyst: See below	
County: Skamania	Group: A B	Other: _____	
Sample Location: Underwood Well			

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	Method	/ Analyst
EPA REGULATED								
4	Arsenic	ND	mg/L	0.01	0.05	0.05	EPA 200.8	CFS
5	Barium	0.0007	mg/L	0.1	2	2	EPA 200.8	CFS
6	Cadmium	ND	mg/L	0.002	0.005	0.005	EPA 200.8	CFS
7	Chromium	ND	mg/L	0.01	0.1	0.1	EPA 200.8	CFS
11	Mercury	ND	mg/L	0.0005	0.002	0.002	EPA 200.8	CFS
12	Selenium	ND	mg/L	0.005	0.05	0.05	EPA 200.8	CFS
110	Beryllium	ND	mg/L	0.003	0.004	0.004	EPA 200.8	CFS
111	Nickel	ND	mg/L	0.04	0.1	0.1	EPA 200.8	CFS
112	Antimony	ND	mg/L	0.005	0.006	0.006	EPA 200.8	CFS
113	Thallium	ND	mg/L	0.002	0.002	0.002	EPA 200.8	CFS
116	Cyanide	ND	mg/L	0.05	0.2	0.2	SM 4500-CN-C/E	TRG
19	Fluoride	ND	mg/L	0.2	2	4	SM 4500-F-C	JG
114	Nitrite - N	ND	mg/L	0.5	0.5	1	EPA 300.0	IE
20	Nitrate - N	ND	mg/L	0.5	5	10	EPA 300.0	IE
161	Total Nitrate/Nitrite	NA	mg/L	0.5	5	10		
EPA REGULATED (Secondary)								
8	Iron	ND	mg/L	0.1	0.3	0.3	EPA 200.7	CFS
10	Manganese	ND	mg/L	0.01	0.05	0.05	EPA 200.8	CFS
13	Silver	ND	mg/L	0.01	0.1	0.1	EPA 200.8	CFS
21	Chloride	1.	mg/L	20	250	250	EPA 300.0	IE
22	Sulfate	1.	mg/L	10	250	250	EPA 300.0	IE
24	Zinc	ND	mg/L	0.2	5	5	EPA 200.8	CFS



DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	Method	Analyst
STATE REGULATED								
14	Sodium	5.	mg/L	5			EPA 200.7	CV
15	Hardness	53.	mg/L	10			SM 2340-B	CFS
16	Conductivity	130.	μmhos/cm	10	700	700	SM 2510-B	DEW
17	Turbidity	0.12	NTU	0.1	1	1	SM 2130-B	DEW
18	Color	ND	CU	5	15	15	SM 2120-B	DEW
26	Total Dissolved Solids	72.	mg/L	150	500	500	SM 2540-C	DEW
STATE UNREGULATED								
9	Lead	ND	mg/L	0.002			EPA 200.8	CFS
23	Copper	ND	mg/L	0.2			EPA 200.8	CFS
OTHER (Optional)								
171	Orthophosphate	NA	mg/L	0.1				
172	Silica	NA	mg/L	1.0				
402	Aluminum	NA	mg/L	0.05				
403	Alkalinity	NA	mg/L	10				
404	Magnesium	5.	mg/L	0.1			EPA 200.7	CFS
405	Calcium	13.	mg/L	0.5			EPA 200.7	CFS
406	Ammonia	NA	mg/L	1				

Notes:

SRL (State Reporting Level): Indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum contaminate level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): In the results column indicates this compound was not included in the current analysis.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

< (0.001): Indicates the compound was not detected in the sample at or above the concentration indicated.

Comments:

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Revised: October 29, 1998

Coffey Laboratories, Inc.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452



VOLATILE ORGANIC CHEMICALS (VOCs) ANALYSIS REPORT

EPA TEST METHOD - 524.2

SYSTEM ID#:		SYSTEM NAME: Skamania County PUD #1	
Lab/Sample No: 08810903	Date Collected: 08/31/01	DOH Source No:	
Multiple Source Nos:	Sample Type: Well/Ground Water	Sample Purpose:	
Date Received: 08/31/01	Date Reported: 09/24/01	Supervisor: CFS	
	Date Analyzed: 08/31/01-09/18/01	Analyst: MRD	
County: Skamania	Group: A B	Other: _____	
Sample Location: Underwood Well			

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL
EPA REGULATED						
45	Vinyl Chloride	ND	µg/L	0.5	0.5	2.0
46	1,1-Dichloroethylene	ND	µg/L	0.5	0.5	7.0
47	1,1,1-Trichloroethane	ND	µg/L	0.5	0.5	200
48	Carbon Tetrachloride	ND	µg/L	0.5	0.5	5.0
49	Benzene	ND	µg/L	0.5	0.5	5.0
50	1,2-Dichloroethane	ND	µg/L	0.5	0.5	5.0
51	Trichloroethylene	ND	µg/L	0.5	0.5	5.0
52	1,4-Dichlorobenzene	ND	µg/L	0.5	0.5	75
56	Dichloromethane	ND	µg/L	0.5	0.5	5.0
57	trans-1,2-Dichloroethylene	ND	µg/L	0.5	0.5	100
60	cis-1,2-Dichloroethylene	ND	µg/L	0.5	0.5	70
63	1,2-Dichloropropane	ND	µg/L	0.5	0.5	5.0
66	Toluene	ND	µg/L	0.5	0.5	1000
67	1,1,2-Trichloroethane	ND	µg/L	0.5	0.5	5.0
68	Tetrachloroethylene	ND	µg/L	0.5	0.5	5.0
71	Chlorobenzene	ND	µg/L	0.5	0.5	100
73	Ethylbenzene	ND	µg/L	0.5	0.5	700
76	Styrene	ND	µg/L	0.5	0.5	100
84	1,2-Dichlorobenzene	ND	µg/L	0.5	0.5	600
95	1,2,4-Trichlorobenzene	ND	µg/L	0.5	0.5	70
160	Total Xylenes	ND	µg/L	0.5	0.5	
74	m/p Xylenes (MCL for Total)	ND	µg/L	0.5	0.5	
75	o-Xylene (MCL for Total)	ND	µg/L	0.5	0.5	
EPA UNREGULATED						
27	Chloroform	ND	µg/L	0.5	0.5	
28	Bromodichloromethane	ND	µg/L	0.5	0.5	
29	Chlorodibromomethane	ND	µg/L	0.5	0.5	
30	Bromoform	ND	µg/L	0.5	0.5	
53	Chloromethane	ND	µg/L	0.5	0.5	
54	Bromomethane	ND	µg/L	0.5	0.5	
55	Chloroethane	ND	µg/L	0.5	0.5	

Coffey Laboratories, Inc.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452



DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL
58	1,1-Dichloroethane	ND	µg/L	0.5	0.5	
59	2,2-Dichloropropane	ND	µg/L	0.5	0.5	
62	1,1-Dichloropropene	ND	µg/L	0.5	0.5	
64	Dibromomethane	ND	µg/L	0.5	0.5	
70	1,3-Dichloropropane	ND	µg/L	0.5	0.5	
72	1,1,1,2-Tetrachloroethane	ND	µg/L	0.5	0.5	
78	Bromobenzene	ND	µg/L	0.5	0.5	
79	1,2,3-Trichloropropane	ND	µg/L	0.5	0.5	
80	1,1,2,2-Tetrachloroethane	ND	µg/L	0.5	0.5	
81	o-Chlorotoluene	ND	µg/L	0.5	0.5	
82	p-Chlorotoluene	ND	µg/L	0.5	0.5	
83	m-Dichlorobenzene	ND	µg/L	0.5	0.5	
154	1,3-Dichloropropene	ND	µg/L	0.5	0.5	
STATE UNREGULATED						
65	cis-1,3-Dichloropropene	ND	µg/L	0.5	0.5	
69	trans-1,3-Dichloropropene	ND	µg/L	0.5	0.5	
85	Fluorotrichloromethane	ND	µg/L	0.5	0.5	
86	Bromochloromethane	ND	µg/L	0.5	0.5	
87	Isopropylbenzene	ND	µg/L	0.5	0.5	
88	n-Propylbenzene	ND	µg/L	0.5	0.5	
89	1,3,5-trimethylbenzene	ND	µg/L	0.5	0.5	
90	tert-Butylbenzene	ND	µg/L	0.5	0.5	
91	1,2,4-Trimethylbenzene	ND	µg/L	0.5	0.5	
92	sec-Butylbenzene	ND	µg/L	0.5	0.5	
93	p-Isopropyltoluene	ND	µg/L	0.5	0.5	
94	n-Butylbenzene	ND	µg/L	0.5	0.5	
96	Naphthalene	ND	µg/L	0.5	0.5	
97	Hexachlorobutadiene	ND	µg/L	0.5	0.5	
98	1,2,3-Trichlorobenzene	ND	µg/L	0.5	0.5	
102	EDB (Scan Confirm by 504.1)	ND	µg/L	0.5	0.5	
103	DBCP (Scan Confirm by 504.1)	ND	µg/L	0.5	0.5	
162	Dichlorodifluoromethane	ND	µg/L	0.5	0.5	

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NA (Not Analyzed): In the results column indicates this compound was not included in the current analysis.

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<(0.001): Indicates the compound was not detected in the sample at or above the concentration indicated.

Comments:

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Revised: October 2, 1997

Coffey Laboratories, Inc.

12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452



SYNTHETIC ORGANIC CHEMICALS (SOCs) ANALYSIS REPORT

EPA TEST METHOD - 515.1

SYSTEM ID#:		SYSTEM NAME: Skamania County PUD #1	
Lab/Sample No: 08810903	Date Collected: 08/31/01	DOH Source No:	
Multiple Source Nos:	Sample Type: Well/Ground Water	Sample Purpose:	
Date Received: 08/31/01	Date Reported: 09/24/01	Supervisor: CFS	
	Date Analyzed: 08/31/01-09/18/01	Analyst: AB	
County: Skamania	Group: A B	Other: _____	
Sample Location: Underwood Well			

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL
EPA REGULATED						
37	2,4-D	ND	µg/L	0.2	0.2	70
38	2,4,5TP (Silvex)	ND	µg/L	0.4	0.4	50
134	Pentachlorophenol	ND	µg/L	0.08	0.08	1
137	Dalapon	ND	µg/L	2.0	2.0	200
139	Dinoseb	ND	µg/L	0.4	0.4	7
140	Picloram	ND	µg/L	0.2	0.2	500
EPA UNREGULATED						
138	Dicamba	ND	µg/L	0.2	0.2	
STATE UNREGULATED						
135	2,4 DB	NA	µg/L	1.0	1.0	
136	2,4,5 T	NA	µg/L	0.4	0.4	
220	Bentazon	NA	µg/L	0.5	0.5	
221	Dichlorprop	NA	µg/L	0.5	0.5	
223	Acifluorfen	NA	µg/L	2	2.0	
225	DCPA acid metabolites (A)	NA	µg/L	0.1	0.1	
226	3,5-Dichlorobenzoic Acid	NA	µg/L	0.5	0.5	
OTHER COMPOUNDS (OPTIONAL)						
224	Chloramben	NA	µg/L	0.2		
227	5-Hydroxydicamba	NA	µg/L	0.3		
228	4-Nitrophenol	NA	µg/L	0.2		

Notes:

SRL (State Reporting Level): Indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum contaminate level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): In the results column indicates this compound was not included in the current analysis.

ND (Not Detected): In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

<(0.001): Indicates the compound was not detected in the sample at or above the concentration indicated.

Comments:

SYNTHETIC ORGANIC CHEMICALS (SOCs) ANALYSIS REPORT
EPA TEST METHOD - 531.1

SYSTEM ID#:		SYSTEM NAME: Skamania County PUD #1	
Lab/Sample No: 08810903		Date Collected: 08/31/01	DOH Source No:
Multiple Source Nos:		Sample Type: Well/Ground Water	Sample Purpose:
Date Received: 08/31/01		Date Reported: 09/24/01	Supervisor: CFS
		Date Analyzed: 08/31/01	Analyst: BRB
County: Skamania		Group: A B	Other: _____
Sample Location: Underwood Well			

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL
EPA REGULATED						
146	Carbofuran	ND	µg/L	2.0	2.0	40
148	Oxamyl	ND	µg/L	4.0	4.0	200
EPA UNREGULATED						
141	3-Hydroxycarbofuran	ND	µg/L	2.0	2.0	
142	Aldicarb	ND	µg/L	1.0	1.0	
143	Aldicarb Sulfone	ND	µg/L	0.7	0.7	
144	Aldicarb Sulfoxide	ND	µg/L	1.8	1.8	
145	Carbaryl	ND	µg/L	2.0	2.0	
147	Methomyl	ND	µg/L	1.0	4.0	
OTHER COMPOUNDS (OPTIONAL)						
326	Baygon	NA	µg/L	1		
327	Methiocarb	NA	µg/L	4		

Notes:**SRL (State Reporting Level):** Indicates the minimum reporting level required by the Washington Department of Health (DOH).**Trigger Level:** DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.**MCL (Maximum contaminate level):** If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.**NA (Not Analyzed):** In the results column indicates this compound was not included in the current analysis.**ND (Not Detected):** In the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.**<(0.001):** Indicates the compound was not detected in the sample at or above the concentration indicated.**Comments:**



SYNTHETIC ORGANIC CHEMICALS (SOCs) ANALYSIS REPORT

EPA TEST METHOD - 525.2

SYSTEM ID#:	SYSTEM NAME: Skamania County PUD #1	
Lab/Sample No: 08810903	Date Collected: 08/31/01	DOH Source No:
Multiple Source Nos:	Sample Type: Well/Ground Water	Sample Purpose:
Date Received: 08/31/01	Date Reported: 09/24/01	Supervisor: *
	Date Analyzed: 09/13/01	Analyst: *
County: Skamania	Group: A B	Other: _____
Sample Location: Underwood Well		

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL
EPA REGULATED						
33	Endrin	ND	µg/L	0.02	0.02	2
34	Lindane (HCH gamma)	ND	µg/L	0.04	0.04	0.2
35	Methoxychlor	ND	µg/L	0.2	0.2	40
36	Toxaphene	ND	µg/L	2	2	3
117	Alachlor	ND	µg/L	0.4	0.4	2
119	Atrazine	ND	µg/L	0.2	0.2	3
120	Benzo(a)pyrene	ND	µg/L	0.04	0.04	0.2
122	Chlordane (total)	ND	µg/L	0.4	0.4	2
124	Di(ethylhexyl)adipate	ND	µg/L	1.3	1.3	400
125	Di(ethylhexyl)phthalate	ND	µg/L	1.3	1.3	6
126	Heptachlor	ND	µg/L	0.08	0.08	0.4
127	Heptachlor epoxide	ND	µg/L	0.04	0.04	0.2
128	Hexachlorobenzene	ND	µg/L	0.2	0.2	1
129	Hexachlorocyclopentadiene	ND	µg/L	0.2	0.2	50
133	Simazine	ND	µg/L	0.15	0.15	4
134	Pentachlorophenol	ND	µg/L	0.08	0.08	1
EPA UNREGULATED						
118	Aldrin	ND	µg/L	0.2	0.2	
121	Butachlor	ND	µg/L	0.4	0.4	
123	Dieldrin	ND	µg/L	0.2	0.2	
130	Metolachlor	ND	µg/L	1	1	
131	Metribuzin	ND	µg/L	0.2	0.2	
132	Propachlor	ND	µg/L	0.2	0.2	
154	Fluorene	ND	µg/L	0.2	0.2	
STATE UNREGULATED						
153	PCB (as total arochlors)	ND	µg/L	0.2	0.2	
173	Arochlor 1221*	ND	µg/L	0.5	0.5	
174	Arochlor 1232*	ND	µg/L	0.1	0.5	
175	Arochlor 1242*	ND	µg/L	0.1	0.3	
176	Arochlor 1248*	ND	µg/L	0.1	0.1	

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DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL
177	Arochlor 1254*	ND	µg/L	0.1	0.1	
178	Arochlor 1260*	ND	µg/L	0.1	0.2	
179	Bromacil	ND	µg/L	0.2	0.2	
180	Arochlor 1016*	ND	µg/L	0.2	0.2	
183	Prometon	ND	µg/L	0.2	0.2	
190	Terbacil	ND	µg/L	0.2	0.2	
202	Diazinon	ND	µg/L	0.2	0.2	
208	EPTC	ND	µg/L	0.3	0.3	
230	Heptachlor Epoxide "B"	ND	µg/L	0.2	0.2	
232	4,4-DDD	ND	µg/L	0.2	0.2	
233	4,4-DDE	ND	µg/L	0.2	0.2	
234	4,4-DDT	ND	µg/L	0.2	0.2	
236	Cyanazine	ND	µg/L	0.2	0.2	
239	Malathion	ND	µg/L	0.2	0.2	
240	Parathion	ND	µg/L	0.2	0.2	
243	Trifluralin	ND	µg/L	0.2	0.2	
244	Acenaphthylene	ND	µg/L	0.2	0.2	
245	Anthracene	ND	µg/L	0.2	0.2	
247	Benzo (A) Anthracene	ND	µg/L	0.2	0.2	
248	Benzo (B) Fluoranthene	ND	µg/L	0.2	0.2	
249	Benzo (G,H,I) Perylene	ND	µg/L	0.2	0.2	
250	Benzo (K) Fluoranthene	ND	µg/L	0.2	0.2	
251	Chrysene	ND	µg/L	0.2	0.2	
252	Dibenzo (A,H) Anthracene	ND	µg/L	0.2	0.2	
253	Fluoranthene	ND	µg/L	0.2	0.2	
255	Indeno (1,2,3-cd) Pyrene	ND	µg/L	0.2	0.2	
256	Phenanthrene	ND	µg/L	0.2	0.2	
257	Pyrene	ND	µg/L	0.2	0.2	
258	Benzyl Butyl Phthalate	ND	µg/L	0.6	0.6	
259	Di-N-Butyl Phthalate	ND	µg/L	0.6	0.6	
260	Diethyl Phthalate	ND	µg/L	0.6	0.6	
261	Dimethyl Phthalate	ND	µg/L	0.6	0.6	
319	Heptachlor Epoxide "A"	ND	µg/L	0.2	0.2	

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Comments:

Analyzed by Edge Analytical, WA.

ADULT LAB LLC
2517 E. EVERGREEN BLVD.
VANCOUVER, WA 98661

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY

If Instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 8/31/1			TIME COLLECTED 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME SKAMANIA
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. 902005			CIRCLE GROUP A B
NAME OF SYSTEM Underwood					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED New Well				TELEPHONE NO. DAY 509 427 5126 EVENING ()	
SAMPLE COLLECTED BY: (Name) Tom Vance				SYSTEM OWNER/MGR.: (Name) Bob Wittenberg	
SOURCE TYPE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERIE <input type="checkbox"/> COMBINATION or OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code) Skamania PUD PO Box 500 Carson WASHINGTON 98610					

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: _____ Total _____ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date ____/____/____
<input type="checkbox"/> RAW SOURCE WATER	Source # S _____ <input type="checkbox"/> Total Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Fecal Coliform
<input checked="" type="checkbox"/> OTHER (Specify) New Source	

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ / 100 ml E. COLI _____ / 100 ml FECAL COLIFORM _____ / 100 ml PLATE COUNT _____ CFU/ml	
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

02580

LAB NO. (7-DIGITS) 0258010913	DATE, TIME RECEIVED 8/31/01 7:21	RECEIVED BY S
DATE REPORTED 8-4-01 HRL		

WATER SUPPLIER COPY